

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

APPLICANT(S)

09/514461

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
1	/					
2		/				
3		/				
4		/				
5	/					
6		/				
7		/				
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44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	4					
TOTAL DEF.		16				
TOTAL	50					

	IND.		DEF.		IND.		DEF.	
	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.
61								
62								
63								
64								
65								
66								
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TOTAL IND.								
TOTAL DEF.								
TOTAL								